



## CORRECTION OF PATENTS

1414

Approved for use through 01/31/2004. OMB 0851-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

As a below named inventor, I hereby declare that:  
My residence, mailing address and citizenship are stated below next to my name.  
I believe I am the original, first and soie inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,329,398, granted 12/11/2001, and for which a reissue patent is sought on the invention entitled PREEMPTIVE ANALGESIC AGENT AND METHODS OF USE

the specification of which

☐ is attached hereto.

☒ was filed on 12/11/2003 as reissue application number          /           
and was amended on 12/11/2003  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

To correct the patent to claim priority from two prior patent applications, related provisional and nonprovisional patent applications (S.N. 60/152,718 and S.N. 09/656,050, respectfully).

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



## MANUAL OF PATENT EXAMINING PROCEDURE

PTO/SB/51 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 16865-00019	
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Name(s) _____ Registration Number _____</p> <p>Jenifer E. Haeckl, Esq. 41,812</p> <p>Brian M. Dingman, Esq. 32,729</p>			
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> → Place Customer Number Bar Code Label here</p> <p style="text-align: center;">Type Customer Number here</p>			
<input type="checkbox"/> Firm or Individual Name	Jenifer E. Haeckl		
Address	Mirick, O'Connell, DeMallie & Lougee, LLP		
Address	1700 West Park Drive		
City	Westborough	State	MA Zip 01581-3941
Country	US		
Telephone	508-898-1501	Fax	508-898-1502
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of sole or first inventor (given name, family name)			
Stephen M. Zappala			
Inventor's signature	Date 12/19/03		
Residence	98 Rattlesnake Hill Road		
Citizenship	US		
Mailing Address	Andover, MA 01810 98 Rattlesnake Hill Rd., Andover, MA 01810		
Full name of second joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

(Page 2 of 2)